

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	333	7-29-94
TYPIST	24A	8-3-94
VERIFIER	35a	8/4/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	11/24/94
2	12/2/94
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27	✓
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29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
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SYMBOLS

✓ ..... Rejected

— ..... Allowed

- (Through numeral) Canceled

\* ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
Final	
Original	
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